



116 Astronaut E. S. Onizuka St., Los Angeles, Ca 90012
 Office: (213) 785-1222 Fax: (213) 572-0353

AUTO-PAY AUTHORIZATION FORM

I, _____, do hereby authorize **House of Bail Bonds, Inc.** to automatically charge my debit/credit card in the amount listed below on a recurring monthly basis on behalf of Defendant: _____ for the bail bond service premium charges of bail bond number(s): _____, until the Full Balance is paid in full.

Full Balance:	\$	Monthly Scheduled Auto-Payment Amount:	\$	Scheduled Charge Date:	
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Card Billing Information

<i>Full Name As It Appears On The Card:</i>			
<i>Billing Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Card Numbers:</i>	<i>Expiration Date:</i>	<i>CVV Code:</i>	
<i>Check your type of card:</i> <input type="checkbox"/> <i>Master Card</i> <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>AMEX</i> <input type="checkbox"/> <i>Discover</i>			
PLACE VALID ID CARD HERE	PLACE CREDIT CARD HERE		

Email this completed form to: info@houseofbailbonds.com

By signing below, I realize that my debit/credit card will be charged every month for the amount listed above from my provided debit/credit card account. In order to cancel the recurring monthly charges, I understand I must notify House of Bail Bonds, Inc. at least 3 days before the next Scheduled Charge Date. I understand there are no refunds available on these monthly payment charges.

Signed this _____ Day of _____ 20____

 Card Holder's Signature

 Print Card Holder's Name